

**DISTRICT OF COLUMBIA GOVERNMENT  
Mayor's Office on Latino Affairs**

**FY 2013 Latino Community Health Grant  
RFA # LCH-22615-13**

**GRANT APPLICATION PROFILE – Fiscal Year 2013**

**Organization:**  
**Employer Identification Number (EIN):**  
**Project Title:**  
**Duration (Begin/End Dates):**

**PROJECT COST**

**Funding Requested (OLA): \$**

**Total Project Budget: \$**

**OFFICIAL AUTHORIZING THIS APPLICATION**

**Name and Title:**  
**Telephone:**  
**Fax:**

**PROJECT DIRECTOR**

**Name:**  
**Title:**  
**Address:**  
**Telephone:**  
**Email:**  
**Fax:**

**FINANCIAL OFFICER:**

**Name:**  
**Title:**  
**Address:**  
**Telephone:**  
**Email:**  
**Fax:**

*Application is made for a grant under the above-mentioned FY 2013 Latino Community Health Grant to the District of Columbia in the amount of and for the purpose stated herein.*

*I certify that is application, if awarded, will conform to the conditions set forth by the Mayor's Office on Latino Affairs.*

\_\_\_\_\_  
**Signature of Authorized Official**

\_\_\_\_\_  
**Date**